

**H.B. 843 Kentucky Commission on Services and Supports for Individuals  
With Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnosis  
April 15, 2003 Meeting Minutes  
Holiday Inn Hurstbourne  
Louisville, Kentucky**

**Commission Members Present:** Representative Mary Lou Marzian, Commissioner Margaret Pennington, Secretary Marcia Morgan, Sen. Johnny Ray Turner, Jim Daley, Tricia Salyer, Wanda Bolze, Maureen Fitzgerald, William Heffron, Rick Purvis, Jerry Whitley, Angela Wilkins, Larry Carrico, Commissioner Bruce Crump, Mary Ann Taylor, Nick Muller, Natalie Hutcheson, Rep. Charles Siler, George Graham, Tara Parker, Gail Mayeux.

**WELCOME**

- Co-Chair Representative Marzian called the meeting to order and made brief introductory remarks. She expressed thanks to Carolyn Kates-Glass, KYCAN and NAMI for allowing the HB 843 Commission to meet at their conference. She welcomed new Commission members Senator Johnny Ray Turner, Rep. Charlie Siler, Commissioner Dr. Rice Leach, and Nick Muller of the Criminal Justice Council. A motion was passed to approve the minutes from the January 27, 2003 meeting.
- Secretary Morgan welcomed the new Commission members, and expressed how fortunate the Commission is to have the new members involved in the process.
- Bill Morrison of Protection and Advocacy presented Carolyn Kates-Glass with a plaque in recognition of her work on HB 99 on behalf of the consumers of Kentucky.

**CONSUMER OPEN MIC SESSION**

Carolyn Kates-Glass thanked the commission members for being at the conference, and for taking time during their meeting to hear what consumers across the state had to say about their services. Three questions were posed to the consumers. These questions were:

1. What MH/SA needs are not being met in your community?
2. What services help you to keep well/grow in your recovery?
3. If the Commission could change on thing in the MH/SA system, what would you want it to be?

**What MH/SA needs are not being met in your community?**

Carolyn invited consumers Rita Brooks, Elaine Chism, Tonya Bryer, Rita Wilson, and Audrey Little to address the members regarding the first question.

First, Rita Wilson thanked the members for listening to their concerns and issues. She addressed the issue of transportation. She said that the problem is that the free

medication program in Northern Kentucky is not on a bus route, and is not easily accessible for people without transportation. She asked for assistance in getting grant money to help implement a program to provide transportation for this purpose.

Elaine Chism addressed the issue of transportation as well. She feels that transportation is the cornerstone of recovery for many consumers. Without transportation, the consumer has no way to access available treatment in his or her community. She expressed concern that the transportation providers are abusing the transportation contracts.

Tonya Bryer proposed that more information regarding KYCAN and NAMI be distributed in the Somerset area in order to get more help for people with mental illness. She has had problems being denied for her medication, and believes that these organizations may be able to help with these sorts of “mix-ups.”

Audrey Little talked about the cuts in services at Seven Counties Services. She has been receiving treatment at this facility for the past 7 years, even though she hasn’t had insurance. She is concerned that consumers with no insurance will end up out in the streets, or committing suicide because they aren’t able to get treatment at the Comprehensive Care Centers.

A consumer from Floyd County expressed her gratitude for the things that the HB 843 Commission has done for the consumer community. The issue she discussed was lack of information flow in the rural Eastern Kentucky areas. Transportation is also an issue in those areas. She gave an example of a consumer who was allegedly denied transportation because the trip wasn’t far enough for the company to make a profit.

### **What services help to keep you well/grow in your recovery?**

John McCoy, Cherish Wolfe, Betty White, Audrey Little, Sherry Shepherd, and Jennifer Sayles addressed issues related to the second question.

John McCoy told the members that he had lived in the Glenberry Home for about three and a half years. He expressed the opinion that Glenberry Home provides innovative housing for the chronically mentally ill. The future of the home is uncertain because of financial problems. He asked the members to carefully consider these innovative housing ideas in the future. He also expressed interest in serving on statewide housing boards, and offered his computer skills to those efforts.

Cherish Wolfe addressed the members, expressing that she is at the point in her life where she is ready to go back to work, but she is restricted for fear of losing her medical card. She encouraged members to support the Medicaid buy-in so consumers could improve their life by going back to work without losing their Medicaid benefits.

Betty White is a consumer who serves on the board of Seven Counties Services. She told the members that this has given her a new perspective on budget cuts and their effects. She encouraged members to keep the services that are working for consumers at all costs.

Audrey Little explained that she has been receiving services from Seven Counties Services. She explained that if it weren't for the services, and the friendships she's made through group therapy and the clubhouse, she would be in the hospital.

Sherry Shepherd told the members about an episode where she had an allergic reaction to the medicine that she was taking. She received support from the Therapeutic Rehabilitation (TR) program that she was attending. She thanked them for helping her and expressed to members what an important service it is in the lives of consumers.

Jennifer Sayles reported to members that the Somerset TR program is very helpful, and reiterated what an important service this is to consumers.

**If the Commission could change one thing in the MH/SA system, what would you want it to be?**

Patsy Cooper and Paul Belmer addressed the last question.

Paul Belmer expressed concern over a co-payment for medication and doctor visits. He reminded the audience that there are consumers who would have a difficult time with a \$1 or \$2 co-payment. Secretary Morgan clarified that co-payments will only be imposed on optometry visits, dental visits, or chiropractic visits.

Patsy Cooper explained that she went to fill her prescription, and her insurance would not pay for it. She expressed her opinion that it would be much cheaper for the government to pay for medication as a preventative measure than it would to pay for other problems that lack of medication might cause.

There was a discussion about the availability of housing for consumers. Lack of residential housing, and waiting lists for those places, causes repeat hospitalization for consumers. Molly Klaus asked the members to think about how funds can be used creatively to involve consumers in solutions.

**Current & Projected Budget Analyses**

Secretary Morgan reviewed some of the highlights relating to the budget. She began by congratulating consumer groups on their involvement in the budget process, and "putting a face" on what human services are and how they are utilized.

The Cabinet for Health Services budget was held harmless without any further reductions. She reported that eligibility for Medicaid services has not reduced, and as a result utilization has increased. There were \$250 million in cuts in January, and there will be \$169 million more in cuts for FY 2004. She reported that most expansions that were authorized in the 2002 budget (approved in 2003) remain intact. These include the Homecare Program for the frail and elderly, whose waiting list will be reduced by 1/3 in 2003 and 2004, and the Supports for Community Living (SCL) Program waiting list will

continue to be reduced. There will be 500 additional slots available in 2004 for this program. Wraparound services for the chronically mentally ill will be a challenge for the Comprehensive Care Centers, but much will be learned about individuals who have been living in institutions, and how difficult it is to adapt back to the community setting. The Crisis Stabilization Unit system will be completed with the 2003 and 2004 budget. In the final analysis of the budget, even with the best outreach, communication, and discharge planning, there will be individuals who will have consequences as a result of the budget.

### **Legislation from 2003 General Assembly**

#### **SB 145/168 Amendment – Medicaid Human Services Transportation**

Sheila Schuster thanked Commissioner Pennington for helping to form the Transportation Workgroup. That workgroup is up and running. Specifically, there are concerns about persons being left unattended in a vehicle, and who in particular needs an escort. They will be looking at regulation language regarding who needs an escort with their transportation.

#### **SB 114 – Qualifications of Certified Alcohol & Drug Counselors (CADC)**

Dr. Schuster thanked Senator Johnny Ray Turner for his sponsorship of this bill. This was in response to the shortage of qualified CADCs. The qualifications for this certification will not be raised to a master's degree due to the shortage. This is to be sure that there are qualified personnel to fill the need for CADCs.

#### **HB 99 Advance Directive for Mental Health Treatment**

Carolyn Kates-Glass reported that the Advance Directive for Mental Health Treatment passed. Starting June 24, 2003, this bill gives consumers the right to state their preferences in the areas of medication, seclusion and restraint. She thanked the Commission for supporting the bill, and expressed that she and Kentucky's consumers are very pleased with the outcome.

#### **SCR 17 – Extension of Task Force on Acquired Brain Injury**

Steve Shannon reported that this continues the Task Force on Acquired Brain Injury. Things involved that affect the HB 843 Commission are the role of crisis stabilization services, services outside the network of providers, and the decriminalization of persons with acquired brain injury.

#### **HB 270 – Extension of Commission on MR/DD**

Steve Shannon reported that the sunset provision has been taken out in order to continue this group. It also allows citizen members to serve another four years.

## **Implications of HB 269 to Commission Process**

Rick Purvis spoke to the members regarding the Criminal Justice/Mental Health Interface Workgroup who work with issues involving mental health and the criminal justice system. It asks for this commission to continue to be active in making recommendations for the process of identifying, screening, providing treatment, and providing transportation to individuals in the criminal justice system with mental illness. He asked for clarification to go forward with workgroup meetings to address 202A and 504. Commissioner Pennington spoke about the gap that is caused by the criminal justice system not being adequate to meet an individual's needs due to an individual not being able to participate in their own defense due to a mental illness. Due to the fact that the workgroup is concentrating on that gap, it is appropriate for them to be working on this issue.

## **Commission Extension, Timelines and Duties**

Representative Marzian reported that HB 194 passed early in the session extending the HB 843 Commission indefinitely. It requires a 2-year workplan beginning in 2003 with goals, strategies, and efforts to reduce stigma. It also requires updates to the plan by October 1 of each year. HB 269 requires the Commission to report workgroup activities and findings by December 1 of each year. A timeline for HB 843 reports was included in each member's packet. Sheila Schuster distributed a more workable format to follow with regard to updates to reports. The members reviewed this format. A motion was passed to adopt this format and timeline.

## **Narcotic Treatment Reporting**

Mike Townsend reported to the Commission that the reporting Narcotic Treatment Act was an amendment on the budget that deals with Methadone maintenance treatment programs operating in the state. Language was introduced in the budget bill to gradually lower dosage to get patients off of narcotics, and to follow maintenance as necessary. Dispensing the scheduled maintenance drug shall be recorded by the attending physician and reported to the Cabinet for Health Services. After 2 years, a decision must be made as to whether or not to continue the treatment. It also requires Methadone treatment programs report to CASPER, an electronic reporting system used by the Division of Substance Abuse. In order to dispense Methadone, a facility must be a licensed pharmacy, and by virtue of that, they must identify themselves as narcotics treatment programs. This goes against federal law that says that no client being treated for substance abuse may be identified as such. Therefore, state law may conflict with federal law.

## **HB 192 – Involuntary Commitment of Persons Suffering from Alcohol and Other Drug Abuse**

Mike Townsend also reported that this bill, which did not pass, allows for a person to be involuntarily committed for chemical dependency to a facility that provides that

treatment. A person who is actively intoxicated is mostly likely a danger to themselves or others, and would meet the criteria for 202A. The issue is that once the person has withdrawn from the alcohol or drugs, do they then have the right to refuse treatment? If a certified Drug and Alcohol Counselor or physician determines that they may still be considered a danger to themselves or others due to their history of drug or alcohol abuse, they may be held for up to one year involuntarily for treatment. The Division of Substance Abuse opposed the bill due to the shortage of space in the facilities, and they feel that it is not good public policy to involuntarily commit someone who has a choice after they detoxify.

#### **Next Meeting/Next Steps**

The next meeting of the HB 843 Commission will focus on substance abuse issues. It will be held July 1, 2003 in Frankfort.

With no further business, the meeting was adjourned.